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Recipient Committee	Campaign Statement	

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Kecipient Committee Campaign Statement Cover Page				Date Stamp		CALIFORNIA 460 FORM	
(GOVERNITERIN CODE SECTIONS 04200-042 10.5)	Statement from 01	Statement covers period n 01/01/2017	Date of election if applicable: (Month, Day, Year)		Page	e 1 of 5 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through 06	06/30/2017	11/03/2020				
1. Type of Recipient Committee: All Committees - Complete Parts	- Complete Parts 1, 2,	1, 2, 3, and 4.	2. Type of Statement:				Ì
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	3allot Measure	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)	rmination)	☐ Quarterly Statement ☐ Special Odd-Year Rg ☐ Supplemental Preeta	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement Attach Form 495	
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Sandidate/ nittee	☐ Amendment (Explain below)	slow)	TY CLER TY OF SA	RECE	
3. Committee Information	I.D. NUMBER		Treasurer(s)	Ŀ	M'S MTA	- VI - PM	L
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	I 1390966 TEE)		NAME OF TREASURER		OFF MA	12	1
Mike Cordero for Council 2020			Trent Benedetti		ICE R	48	Ī
			je Dr	Ste 101	Ā		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	TE ZIP CODE	AREA CODE/PHONE	Ä
2151 S College Dr Ste 101			Santa Maria	a S	93455	(805)922-4881	881
CITY STATE ZIP	ZIP CODE ARI	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY			ı
Santa Maria CA 9		(805)922-4881					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	.o. Box		MAILING ADDRESS				
CITY STATE ZIP	ZIP CODE ARI	AREA CODE/PHONE	CITY	STATE	TE ZIP CODE	AREA CODE/PHONE	NE.
OPTIONAL: FAX / E-MAIL ADDRESS arybee@aol.com			OPTIONAL: FAX / E-MAIL ADDRESS	ESS			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct.

コンジン	Cicologic Maria
Executed on Control Date	By Signatury of Treasurer or Assistant Treasurer
7-24-17	of the sound
Executed of A	Signature of Controlling Officeholder, Canddate, State Measure Proporent or Responsible Officer of Spon
Executed on	>
Executed on Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Even if ad on	26
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent

PPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA 460 FORM		
	JRNIA 46	2 of

6. Primarily Formed Ballot Measure Committee	NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER JURISDICTION	Identify the controlling officeholder, candidate, or state measure proponent, if any.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY		7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OFFICE SOUGHT OR HELD OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFPICE SOUGHT OR HELD OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT		Attach continuation sheets if necessary
littee		OT NUMBER IF APPLICABLE)	CITY STATE ZIP Santa Maria CA 93454	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	I.D. NUMBER	CONTROLLED COMMITTEE?]	ZIP CODE AREA CODE/PHONE	I.D. NUMBER	CONTROLLED COMMITTEE? TYES INO	10X)	ZIP CODE AREA CODE/PHONE
Officeholder or Candidate Controlled Committee	OR CANDIDATE	Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER City Council Member	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C 1324 Ruby Ct.	Related Committees Not Included in this Statement: not included in this statement that are controlled by you or are prim contributions or make expenditures on behalf of your candidacy.			STREET ADDRESS (NO P.O. BOX)	STATE ZIP C			STREET ADDRESS (NO P.O. BOX)	STATE ZIP (
5. Officeholder or Cano	NAME OF OFFICEHOLDER OR CANDIDATE	Mike Cordero OFFICE SOUGHT OR HELD (City Council Member	RESIDENTIALBUSINESS AD	Related Committees not included in this staten contributions or make exp	COMMITTEE NAME	NAME OF TREASURER	COMMITTEE ADDRESS	CITY	COMMITTEE NAME	NAME OF TREASURER	COMMITTEE ADDRESS	CITY

Campaign Disclosure Statement	Amounts may be rounded	Staton	Statement covers period	JMMAF
Summary Page	to whole dollars.	from	01/01/2017	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	06/30/2017	Page 3 of 5
NAME OF FILER		-		I.D. NUMBER
Mike Cordero for Council 2020				1390966
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Sum Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 00.00	0.00	General Elections	
	0.00	25.00	1/1 th	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 00.00	25.00	20. Contributions Received \$	es
4. Nonmonetary Contributions	0.00	00.00	Ires	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4	\$ 00.00	25.00		8
Expenditures Made			Expenditure Limit Summary for State	Summary for State
6. Payments Made Schedule E, Line 4	\$ 959.44	959.44	Candidates	
7. Loans Made Schedule H, Line 3	00.00	0.00	3	
8. SUBTOTALCASH PAYMENTS Add Lines 6 + 7	\$ 959.44 \$	959.44	22. Cumulativ (If Subject to	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	00.0	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment	0.00	0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 959.44	959.44		\$
			,	e
Current Cash Statement 12. Beginning Cash Balance	8,487.55	ليلين 5 مصريات مغوليمامين		9
13. Cash Receipts Column A. Line 3 above	00.0	amounts in Column A to the		
	0.00	corresponding amounts from Column B of your last	*Amounts in this section n	*Amounts in this section may be different from amounts reported in Column B
15. Cash Payments Column A, Line 8 above	959.44 re	report. Some amounts in Column A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7,528.11	figures that should be		
If this is a termination statement, Line 16 must be zero.	ñ ō.\$	subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVEDschedule B, Part 2	\$ 00.00 fc	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	15 Tr	from Lines 2, 7, and 9 (if any).		
~	\$ 25.00			
				FPPC Form 460 (Jan/2016)

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE 46(S of o CALIFORNIA I.D. NUMBER FORM Page 4 Statement covers period 01/01/2017 06/30/2017 through from

1390966 Mike Cordero for Council 2020 NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

meetings and appearances member communications office expenses MTG campaign paraphernalia/misc. campaign consultants

QMD

CNS CHB

CVC 분운

contribution (explain nonmonetary)* candidate filing/ballot fees civic donations

petition circulating

phone banks

print ads

postage, delivery and messenger services professional services (legal, accounting) polling and survey research 공투공직정정본 independent expenditure supporting/opposing others (explain)* fundraising events legal defense

campaign literature and mailings

radio airtime and production costs returned contributions

t.v. or cable airlime and production costs candidate travel, lodging, and meals campaign workers' salaries SAL SAL TRS TSF VOT WEB

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail) voter registration

395.00 56.05 AMOUNT PAID DESCRIPTION OF PAYMENT netfile software renewal R CODE OFC TRC PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455 Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455 60094 Chase PO Box 94014 Palatine, IL

SUBTOTAL \$ a Payments that are contributions or independent expenditures must also be summarized on Schedule

752.34

Schedule E Summary

959.44 0.00 6 1. Itemized payments made this period. (Include all Schedule E subtotals.)......

0.00 S

959.44 TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

ŏ CALIFORNIA Page 5 FORM I.D. NUMBER Statement covers period 01/01/2017 06/30/2017 through_ from

1390966

5

Mike Cordero for Council 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

payment, you may enter the code. Otherwise, describe the payment. If one of the following codes accurately describes the CODES:

meetings and appearances petition circulating office expenses

contribution (explain nonmonetary)*

candidate filing/ballot fees

fundraising events civic donations

SUSCEPTION OF THE COMPANY OF THE COM

campaign paraphernalia/misc.

9

campaign consultants

campaign literature and mailings

legal defense

member communications

postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks print ads MBR MBR OFICE OF THE PROPERTY independent expenditure supporting/opposing others (explain)*

t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions SAL SAL TEL TEL TRC TRS TRS TSF TSF VOT WEB

radio airtime and production costs

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) voter registration

138.70 AMOUNT PAID DESCRIPTION OF PAYMENT CODE PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455

PRO Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455

68.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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207.10

SUBTOTAL \$